

VILLAGE OF CANAL WINCHESTER

36 SOUTH HIGH STREET
CANAL WINCHESTER, OHIO 43110

BUILDING DEPARTMENT
PH 614.837.7501 FAX 614.837.0145

APPLICATION FOR COMMERCIAL PLAN APPROVAL

Date: _____ Serial No.: _____

Project Name: _____ PID# _____ Lot# _____

Project Address: _____

Estimated Cost: \$ _____

Property Owner: _____ Phone No.: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Architect/Engineer: _____ Phone No.: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Contractor: _____ Phone No.: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Description of Use: _____

Description of Existing Structure: _____

Occupancy Group(s): _____ Type of Construction: _____ No. of Stories: _____

Square Footage of Work Area: _____ Size of Domestic/Fire Water Line(s): _____

Owner or Responsible person is the entity that will address and disseminate all written communication from the Building Department. **PLEASE PRINT:**

Name: _____ Address: _____

Applicant's Signature: _____ Date: _____

Inspection line 614.470.4677. Please all allow 48 hours for all inspections.